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Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 713738 (3)
1. Corporation Name
SUWANNEE RIVER CHURCH OF THE NAZARENE, INC.



Principal Place of Business ROUTE 1, BOX 4815 WHITE SPRINGS FL 32096	Mailing Address 18763 C.R. 137 WHITE SPRINGS FL 32096 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/04/1967
4. FEI Number 59-3192960
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent CLEM, FRED REV 18763 C.R. #137 WHITE SPRINGS FL 32096

10. Name and Address of New Registered Agent 81 Name William A. White 82 Street Address (P.O. Box Number Is Not Acceptable) 18763 C.R. 137 83 84 City White Springs FL 85 Zip Code 32096

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE William A. White **4-19-98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	D ☐ DELETE
NAME	MORGAN, DURWOOD
STREET ADDRESS	ROUTE 1, BOX 170
CITY-ST-ZIP	JASPER FL 32052
TITLE	D ☐ DELETE
NAME	MORGAN, LINDA
STREET ADDRESS	ROUTE 1, BOX 170
CITY-ST-ZIP	JASPER FL 32052
TITLE	PC ☒ DELETE
NAME	CLEM, FRED
STREET ADDRESS	ROUTE 1, BOX 4815 N/A
CITY-ST-ZIP	WHITE SPRINGS FL
TITLE	D ☒ DELETE
NAME	FOURAKER, MARTHA
STREET ADDRESS	ROUTE 1, BOX 6550
CITY-ST-ZIP	WHITE SPRINGS, FL 00000
TITLE	VD ☒ DELETE
NAME	FOURAKER, PEARSALL
STREET ADDRESS	ROUTE 1, BOX 6550
CITY-ST-ZIP	WHITE SPRINGS, FL 00000
TITLE	D ☐ DELETE
NAME	BURROWS, SHIRLEY
STREET ADDRESS	ROUTE 1, BOX 9510
CITY-ST-ZIP	WHITE SPRINGS FL 32096

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	D
2.3 STREET ADDRESS	Homer Edmonds, Sr.
2.4 CITY-ST-ZIP	14534 S.E. 87TH Terrace White Springs, FL 32096
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	D
3.3 STREET ADDRESS	Richard Fouraker
3.4 CITY-ST-ZIP	9388 S.E. 154th Ave White Springs, FL 32096
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	D
4.3 STREET ADDRESS	Mattie Fouraker
4.4 CITY-ST-ZIP	9388 S.E. 154th Ave White Springs FL 32096
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE William A. White **4/19/98** **941-397-7326**

CR2E037 (1097)